

TEFAP COMMODITY COMPLAINT

Use of form: This form is used to report information regarding inadequate quality and / or conditions of TEFAP commodities received by your agency upon delivery; e.g., leaky cans, torn bags, foreign objects in products, etc. IT IS EXTREMELY IMPORTANT TO PROVIDE THE INFORMATION REQUESTED PROMPTLY AND TO EXPLAIN THE NATURE OF THE CONCERN AS COMPLETELY AND EXPEDITIOUSLY AS POSSIBLE. The Department of Health and Family Services will forward a copy of this report to the USDA Regional Office.

Instructions: Complete one original and photocopy for your files. Forward original copy within 15 days of the occurrence to:

**Department of Health and Family Services
Division of Children and Family Services
1 West Wilson Street, Room 531
P.O. Box 8916
Madison, WI 53708-8916**

Name of EFO	Agreement Number
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Street Address	City	Zip Code
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Name - Soup Kitchen, Shelter, or Pantry at Which Complaint Originated

Street Address	City	Zip Code	County
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Name - Authorized Representative of Soup Kitchen, Shelter or Pantry

Date Problem Identified (mm/dd/yyyy)	Commodity	Size of Case, Can or Packages	Number of Cases / Cans or Packages. Involved

Name of Packer on Case, Bale or Bag (If available)	Date of Packaging (mm/dd/yyyy)	Code Number / Contract No.
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Other Marking(s) - Describe.

Complaint - Describe. If additional space is needed, use reverse side of form or attach a separate sheet.

SIGNATURE - Authorized EFO Representative	Telephone Number	Date Report Completed (mm/dd/yyyy)
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